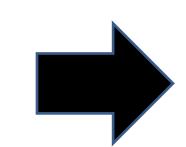
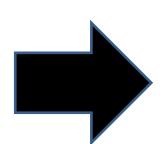
North Dakota Emergency Medical Services for Children (EMSC)

Mission: To reduce child and youth mortality and morbidity caused by severe illness and trauma

Inputs



Outputs/Activities



Outcomes

SITUATION:

Children require specialized emergency care and are vulnerable populations in disasters and emergencies. Improving pediatric care outcomes and safety requires a multifaceted response including injury prevention, integration of evidence-based practices, and disaster preparedness planning in stakeholder

organizations (EMS

agencies, hospitals,

schools, child care).

PROGRAM GOALS:

- 1. To integrate evidence-based pediatric standards into existing systems of emergency care;
- 2. To provide technical assistance and resources for EMS professionals to improve pediatric care and outcomes;
- 3. To improve the preparedness of families, communities, schools, and child-focused organizations to address emergencies and disasters; and
- 4. To ensure emergency medical professionals have necessary training to help children with special health care needs and their families.

EMSC program staff time

- Program Coordinator
- Administration

Department and Division staff consultation and expertise

- Data/research/analysis
- Trauma
- Cardiac/stroke
- EMS education
- Injury prevention

HRSA funding

Yearly awarded funds + carryover

EMSC Advisory Committee and partners

- EMS and hospital personnel; school and child care staff; families, communities, and advocates
 - Expertise
 - Networks and dissemination of info
 - Time

Technology/facilities

Maintain and strengthen Pediatric Prepared Voluntary Ambulance Recognition Program (add more criteria: QI, collaboration, safety)

Funding for pediatric training statewide

- EMS training
- Conference speakers
- Community training and education

Peds Ready! Hospital Pediatric Preparedness

- Provide Peds Ready guides with resources
- Promote weighing and recording in kilograms
- Encourage facilities to appoint a pediatric champion (inventory pediatric equipment, QI, keep transport plans up-to-date, promote family-centered care)

Health and Emergency Guidelines for North Dakota schools

Promotion of family-centered care (pre-hospital, hospital, medical home)

Provision of equipment and other resources (informational brochures, educational materials) to EMS agencies, hospitals, families, community members, schools, and child care organizations

EMSC newsletter with outreach information, educational and training opportunities, and program updates

Short Term (1 year)

EMS providers more knowledgeable about needs of children with special healthcare needs (CSHCN) and American Indian/Native American (AI/NA) children and youth

Hospitals aware of resources to improve pediatric safety and care

EMS personnel (prehospital and hospital) aware of training opportunities

Stakeholder groups more aware of importance of and resources for disaster and emergency preparedness planning

Medium Term (1-3 years)

Increase number of hospitals that weigh and record in kilograms

Increase number of hospitals and EMS agencies with a pediatric champion

Increase number of schools with updated Health and Emergency Guidelines

Increase number of community members with pediatric CPR/first aid/AED training

Increase number of EMS services with appropriate child safety seats

Increase number of child cares and K-12 schools with multi-hazard disaster plans

Long Term (3-5 years)

Improved emergency medical and trauma care for children, including CSHCN and AI/NA children and youth

Widespread presence of pediatric emergency care champions across the continuum of care (injury prevention at home, school and in the community; EMS care; hospital care; medical homes; rehabilitation)

Development of culture of awareness of children's safety and health amongst public and community members

NORTH DAKOTA



Assumptions:

- Sufficient funding from HRSA will continue to be awarded.
- There will be sufficient buy-in from stakeholders for activities to produce measurable change.

External Factors:

- Availability of training opportunities.
- Economic state of EMS services and hospitals.
- Sustainability of EMS services.

Evaluation:

- NEDARC assessments.
- National Peds Ready! assessment.
- Data from program stakeholders.